`\$\						Approved for use the	munh 06/30/20	PTO/SB/17
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FERENCIA PROPERTY OF THE CONSOLIDATE OF THE TRANSMITTAL FOR FY 2008						10/646,704-Conf. #9815		
				Filing Date		August 25, 2003		
				First Named Inventor		Kenichiro NAKAMURA		
				Examiner Name .		J. Pilkington		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3682		
TOTAL AMOUNT O	F PAYMENT	(\$) 930.00		Attomey Docket	No.	0505-1227P		
METHOD OF P	AYMENT (check a	II that apply)						
Check	Credit Card	Money Order	None	Other (please identii	fy):		
x Deposit Accou	Int Deposit Account N	umber: 02-2	 2448	Deposit A	Account Name	Birch, Stewar	t, Kolasch & E	irch, LLP
	ove-identified depos	•	rector is t	—— nereby authorize	ed to: (che	ck all that apply)		
	ge fee(s) indicated					dicated below, e		e filing fe
X Char	ge any additional fe	e(s) or underpayr	ments of	x Credit	any overp	avments	•	_
) under 37 CFR 1.1			LX Credit	any overp	ayments		
EE CALCULA	TION							
BASIC FILING,	SEARCH, AND EX							
	FIL	ING FEES	SEA	RCH FEES	EXAMI	NATION FEES Small Entity		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)
Utility	310	155	510	255	210	105		
Design	210	105		. 50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0	-	
EXCESS CLAIN		100	ŭ	Ū	ŭ	•		Small Enti
ee Description							Fee (\$)	Fee (\$)
	0 (including Reissu claim over 3 (inclu	•					50 210	25 105
•	,	unig Keissues)					370	185
	ltiple dependent claims tal Claims Extra Claims Fee (\$) Fee		Eoo Dr	Paid (\$) Mo		Multiple Dependent Claims		103
Total Claims	al Claims		166 F			ee (\$) Fee Paid (1
HP = highest number	of total claims paid for,	if greater than 20.						•
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	aid (\$)				
- :	x							
HP = highest number	of independent claims	paid for, if greater than	n 3.					
. APPLICATION	SIZE FEE							
	on and drawings ex-							
	37 CFR 1.52(e)), the second se				for small e	ntity) for each a	dditional 50)
	ion thereof. See 35		•			(4)	F (>-!-! (♠)
Total Sheets	Extra Sheets			ditional 50 or frac			Fee I	Paid (\$)
OTHER FEE(S)	100 =	/50 =	(round up to a who	ne number)	х	Fees	Paid (\$)
Non-English S	pecification, \$130	fee (no small ent	tity discor	unt)				•
Other (e.g., late	e filing surcharge):	1801 Request 1 1251 Extension	for contin n for rest	nued examina ponse within fi	tion (RCE rst month	E) (see 37		0.00 0.00
UBMITTED BY								
gnature	1	120.11	F	Registration No. Attorney/Agent)	28,380	Telephone	(703) 20	5-8015
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lame (Print/Type) J	ames M. Slattery)			Date	October 1	1, 2008